

Annual (1) Colchester

BOROUGH OF



COLCHESTER.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE YEAR

1925.



Colchester :

WILES & SON, TRINITY STREET.

1926.

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HEALTH OFFICES,
TRINITY STREET,
14th April, 1926.

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION COMMITTEE OF THE BOROUGH OF
COLCHESTER.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour of presenting to you the Sixteenth Annual Report upon the work of the School Medical Department.

My Report as Medical Officer of Health for the past year is to be what is termed a "Survey Report," that is to say a fuller report than usual, and one dealing particularly with any changes that have occurred during the past five years. It has therefore seemed to me a favourable opportunity to review in short tables the work of the School Medical Department for the same period.

Two enquiries have been undertaken at the request of Special Committees of the Board of Education. The first dealt with the eye-sight of the school children. The other was concerned with certain anthropometric measurements and comparisons, such as colour of hair and eyes. The latter will not be completed until the particulars of 600 children have been recorded.

Towards the end of the year arrangements for holding an Orthopædic Clinic in conjunction with the Essex County Council were made. At this Clinic cripple children will be seen by a specialist, who will recommend whatever treatment may be necessary.

In conclusion, I wish to express my gratitude to the members of the Medical Inspection Sub-Committee for the great interest and sympathy that they consistently show in the School Medical Work.

I am also grateful to the Staff of the department for their continued loyal assistance.

I am, Ladies and Gentlemen,

Your obedient servant,

W. F. CORFIELD,

*Medical Officer of Health and
School Medical Officer.*

Report of the School Medical Officer for the Year 1925.

STAFF AND CO-ORDINATION WITH OTHER HEALTH SERVICES.

No change has occurred in the staff of the School Medical Department during the year under consideration. The names of the various Officers and positions held by them are fully set out on page 3.

The closest co-operation exists between the School Medical work and the work of the Health Department in dealing with children. Every endeavour is made to pass children from the Infant Clinic to the School Clinic when they commence School attendance, in cases where further supervision is desirable.

The co-ordination of the work of these Clinics is greatly assisted by the fact that three out of the four Nurses are Health Nurses doing general health work in connection with both clinics, and so the same Nurse will follow a child from infancy to the end of its School life. There is, therefore, no break in the interest the Nurse will take in the families in her area, nor are these families visited by more than one Nurse, even though they have children ranging in age from under one to fourteen years.

Arrangements were made in 1925 to bring the work of the Isolation Hospital into touch with the School Clinic. It was arranged that no child who had been discharged from the Isolation Hospital should be allowed to return to School until he had been examined at the School Clinic or by his own doctor. In this way recent cases of running ears, a condition that is liable to occur after Scarlet Fever, or children that are debilitated after an infectious illness, are discovered and dealt with. The importance of seeing that such cases get treated as soon as possible cannot be over-estimated.

THE ELEMENTARY SCHOOLS AND SCHOOL HYGIENE.

The number of Schools and Departments is the same as in 1924. The Table below gives the number of Departments in the Elementary Schools, and sets out the Special Schools provided by the Borough Council.

	COUNCIL SCHOOL DEPARTMENTS.	NON-PROVIDED SCHOOL DEPARTMENTS.
Mixed Departments	5	1
Infants' Departments	6	3
Mixed and Infants' Schools	3	5
Girls' and Infants' Schools	—	1
Central School	1	—
Boys' School	—	1
Girls' School	—	1
Junior Mixed Department	1	—
Totals	16	12
Special School (Feeble Minded) ...	1	—
Special School (Partially Blind) ...	1	—

One change occurred at the end of the year. Lexden Non-Provided School was handed over to the Council, and is included above as a Council Mixed and Infants' School.

In the Reports of previous years attention has been drawn to the condition of the playgrounds and to the closet accommodation in the Schools, and many of the defects there noted have been dealt with. In the Report for 1924 special attention was drawn to four Schools that were unsatisfactory in many particulars. These were :—

Blue Coat School	St. James' School
Lexden School	Parson's Heath School

Little or nothing has been done to improve the condition of the Blue Coat School and Parson's Heath School.

The former still has three outstanding defects : the large room is very poorly lighted ; the girls' playground is quite inadequate for the number of children ; and the closets for both boys and girls are very old-fashioned trough closets of an insanitary pattern.

Parson's Heath School remains in need of general painting and repair ; the playground surface is rough and irregular, and might even be considered dangerous ; the closets and washing accommodation are inadequate and insanitary.

St. James' School has had rim-flushed closets and wash-hand basins installed. If only an adequate playground could be obtained, there would now be little reason for complaint.

Lexden School, as mentioned above, has been handed over to the Local Authority. Certain urgent repairs have been carried out and improvements made, but no great expense has been considered justifiable as it is realized that the school building will soon be inadequate for the increasing number of children attending the School.

Houses are constantly being built at Lexden, and to meet the School population of that area a larger School will be needed. The Education Authority has had the circumstances under review for some time past, and several sites for a new School have been considered. The final choice has fallen upon a position a little way off the main London Road, near to the new Council houses.

The value of an up-to-date modern School is appreciated, and the possibility of including certain Special Schools in the same area is not being overlooked. A Day School for Delicate Children, a few of whom are now sent to the Ogilvie School at Clacton-on-Sea, would be of great advantage to weakly and ailing children. It might be possible to include both the Special School for Feeble-minded and the Special School for the Partially Blind. The former of these Schools has been in need of better accommodation for several years past.

School Meals.

At only seven schools do the children take mid-day meals. These are Hamilton Road Central School, the five outlying Schools—Parson's Heath, Myland, Stanway All Saints, Old Heath, and St. John's, Ipswich Road, and the two Special Schools, one in Stockwell Street and the other at East Ward School.

There are only facilities for warming food at the Hamilton Road Central School, where there is a gas stove, but hot drinks, such as Cocoa, Beef Extract or Hot Milk, are supplied at all of these Schools but Old Heath.

The children are not left to themselves during the luncheon hour at any of these Schools, one or other of the teachers is always present to supervise the meal and look after them. The meals are as a rule eaten in a classroom, or out of doors in the

summer. When a classroom is used it is well ventilated before the afternoon work begins.

The number of children at the outlying Schools staying regularly to a mid-day meal is greatest at Myland and Stanway All Saints, where 30 to 40 children remain. At Hamilton Road the number varies considerably, sometimes only 30 remain, but at others, in bad weather, as many as 100 may bring their mid-day meal. At Old Heath only 5 children do not go home, and this is fewer than at any of the other Schools noted above.

School Attendance.

Daily Average Number of Children on the School Registers	1924.	1925.	Increase or Decrease.
	5,733	5,863	+ 130
Daily Average Attendance Percentage	88·3	89·2	+ 0·9

The high Birth Rate of 1920 is beginning to show itself in the number of children on the School Books. The above increase is the first that has been recorded for several years, a further reason for this is the admission of all children from the Garrison to the ordinary Elementary Schools with the abolition of the Garrison Schools.

Daily Average Attendance Percentage 1921-1925 :

1921	..	..	91·6
1922	..	..	90·5
1923	..	..	91·7
1924	..	..	88·3
1925	..	..	89·2

An average percentage of over 90 for the past five years is certainly high when the number of children constantly being excluded for Infectious Disease is taken into account.

The closure of only two schools to prevent the spread of an Infectious Disease was deemed advisable during the year. These and the periods during which they were closed and the reason for closure are set out below :

<i>School and Reason for Closure.</i>	<i>Period.</i>
East Ward Infant School owing to Mumps	April 6th—April 9th
Special School, Stockwell Street owing to Scarlet Fever	June 16th—June 23rd

The usual table is next given showing the incidence of Infectious Disease throughout the year. It may be noted how persistent were the cases of Scarlet Fever. This disease can never be said to have become epidemic in any School or part of the town. Yet it persisted in spite of all attempts to suppress it.

It is again pleasant to draw attention to the very few cases of Diphtheria. There were seven among the school children in 1924, and only five last year.

The other diseases are much as is to be expected. Cases of measles have fallen off, but will probably increase again in the current year. The second table gives the totals each year for the past five years for comparison.

INFECTIOUS DISEASE.

Incidence of Infectious Disease amongst Elementary School Children in four-weekly periods.

Scarlet Fever.	Diphtheria.	Whooping Cough.	Measles.	Chicken Pox.	Mumps.
19	—	—	4	1	1
12	—	—	11	6	1
8	—	3	3	34	21
2	—	—	—	14	25
25	—	1	4	47	13
13	—	4	22	42	25
13	1	17	5	6	47
10	2	22	4	5	30
10	2	30	1	—	1
11	—	26	1	—	2
21	—	13	—	—	—
20	—	26	1	—	2
9	—	13	21	12	—
173	5	155	77	167	168

Annual Incidence amongst Elementary School Children, 1921—1925.

Year.	Scarlet Fever.	Diphtheria	Whooping Cough.	Measles.	Chicken Pox.	Mumps.
1921	98	27	142	3	98	44
1922	26	39	160	303	121	2
1923	17	30	75	6	187	26
1924	66	7	153	504	142	6
1925	173	5	155	77	167	168

MEDICAL INSPECTION.

For 1925 a Special Annual Report has been called for by the Ministry of Health reviewing the work of the Health Department for the past five years. It seems a favourable opportunity to compare in a few Tables the results obtained from School Medical Inspection during the same period. Where striking differences are to be noted the reasons for such differences have been referred to in the Reports for the years affected. It is therefore only necessary here to give the figures without comment. These tables will be inserted in such places in the Report as appear appropriate.

The routine of the Inspections has not been altered and the rate of inspection has remained the same, *i.e.*, about 30 children per morning. It has always been found convenient to carry out the Routine Medical Inspections in the morning. At this time the light is better, the children are fresher and the period available is longer. As a rule two mornings a week are given up to this work with an occasional third morning to keep the inspections up to date.

All these routine examinations of the children are carried out upon the school premises except in two cases, those of Magdalen Street Boys' School and Kendall Road Girls' School. These two Schools are close together and it has been found more convenient for the inspections to take place in the Co-operative Society's Rooms close by.

Until 1925 a similar arrangement was made for the children of Greenstead School to be examined across the road at a private house, but motor traffic on this road has become so dangerous that a change became necessary, and now the children are given a holiday on the Medical Inspection morning and the school premises are used for the purpose.

As in previous years the names and addresses of the children and certain particulars upon the cards are filled in by the teachers, and the nurse carries out the weighing, measuring and eye-testing a day or two before the actual inspection.

The number of children medically inspected was 2,311, an increase of 809 above the figure for the previous year, when no Inspections were carried out in the last three months of the year.

The numbers of children inspected each year and the numbers having defects are given for the past five years in the tables below—

Year.		Number Inspected.		Number with Defects.		Per- centage.
1921	..	2,686	..	1,157	..	43
1922	..	2,134	..	1,007	..	47
1923	..	2,216	..	1,199	..	54
1924	..	1,502	..	751	..	50
1925	..	2,311	..	1,016	..	44

These figures do not include children suffering only from Dental Defects or Uncleanliness.

Number of Routine and Special Medical Inspections, 1921-25—

Year.		Routine.		Special.
1921	..	1,962	..	724
1922	..	1,599	..	824
1923	..	1,674	..	1,166
1924	..	1,087	..	534
1925	..	1,818	..	583

Diseases grouped in Table II. as "Other Diseases or Conditions."

SKIN DISEASES—

Eczema	..	..	8	Ichthyosis Hystrix	..	1
Alopecia	..	..	6	Seborrhœa	..	7
Urticaria	..	..	12	Acne	..	3
Boils or Abscesses	..	..	17	Chilblains	..	2
Warts	..	..	1	Psoriasis	..	3
Minor Injuries	..	..	31	Nævus of Lip	..	1
Herpes	..	..	1	Pityriasis	..	15

EYE DISEASES OR DEFECTS—

Meibomian Cyst	..	..	2	Blind (one eye)	..	1
Ptoſis	..	..	1	Hordeolum	..	3

EAR, NOSE AND THROAT DISEASES OR DEFECTS—

Cerumen in Ear	..	..	11	Tonsillitis	..	16
Rhinitis	13	Deflected Septum	..	1
Ozœna	2	Laryngitis	..	2

LUNG DISEASES (Non-Tubercular)—

Pleurisy	2
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NERVOUS DISEASES—

Neuritis	1	Facial Paralysis ..	1
Headache	6	Laryngeal Paralysis ..	1

DEFORMITIES—

Hare Lip	1	Cleft Palate ..	1
Flat Foot	3	Infantile Paralysis ..	6
Genu Valgum	1	Talipes	3

ALIMENTARY SYSTEM DISEASES—

Gastritis	3	Constipation ..	13
Hernia	1	Stomatitis ..	1
Worms	11	Enteritis	1
Appendicitis	3	Peritoneal Adhesions ..	1

INFECTIOUS DISEASES—

Influenza	2	Measles	2
Whooping Cough	3	Chicken-pox	5
Encephalitis lethargica ..	2	Mumps	9

OTHER DEFECTS OR DISEASES—

Balanitis	1	Epistaxis	2
Night Terrors	1	Mastitis	1
Rheumatism	4	Nephritis	1
Phimosis	2	Synovitis	2
Pyrexia	2	Ganglion	3
Enuresis	2		

Uncleanliness.

It was unlikely that the reduction in the number of cases of "Dirty Heads" in 1924 would be easily improved upon. In that year there was a diminution of 423 cases. In 1925 there was an increase of 99 cases. However, the total figure is quite good when compared with those of earlier years.

*Result of Five Years' Regular Inspections for
Pediculosis Capitis.*

Year.	Number of Examinations.	Number of Cases of Pediculosis Capitis.	Increase or Decrease.	Percentage.
1921 ..	14,658	1,923 ..	—	13·11
1922 ..	19,188	1,418 ..	—505	7·39
1923 ..	22,561	1,244 ..	—174	5·51
1924 ..	22,388	821 ..	—423	3·66
1925 ..	22,629	920 ..	+ 99	4·06

Pediculosis Capitis in the Elementary Schools.

School.	Number of Children on the Books Nov., 1925.	Number of Exami- nations	Number of Cases of Pediculosis Capitis		Increase or Decrease	Percentage of cases to Examina- tions, 1925
			1924.	1925.		
Barrack Street, M. . .	517	1585	72	99	+ 27	6·2
„ I. . .	273	1429	102	112	+ 10	7·8
Canterbury Road, M.	516	1424	42	62	+ 20	4·3
„ I.	228	1033	28	37	+ 9	3·5
East Ward, M. . .	267	1040	43	42	— 1	4·0
„ I. . .	117	524	16	38	+ 22	7·2
Hamilton Road, Cent.	312	1342	10	12	+ 2	0·8
„ Jun. and I.	221	820	15	16	+ 1	1·9
Myland . .	235	941	19	29	+ 10	3·0
North Street, M. . .	474	1174	64	50	— 14	4·2
„ I. . .	174	529	17	13	— 4	2·4
Old Heath . .	160	768	6	8	+ 2	1·0
St. John's Green, M.	446	1568	65	55	— 10	3·5
„ I.	241	823	33	39	+ 6	4·7
Stockwell Street, I. . .	136	351	26	13	— 13	3·7
Special . .	31	84	23	16	— 7	19·0
Blue Coat . .	269	793	50	21	— 29	2·6
Greenstead . .	91	426	10	12	+ 2	2·8
Kendall Road, G. . .	146	973	39	53	+ 14	5·4
„ I. . .	127	562	7	11	+ 4	1·9
Lexden . .	153	691	11	9	— 2	1·3
Magdalen Street, B.	113	326	5	5	— —	1·5
Parson's Heath . .	90	532	5	20	+ 15	3·7
Priory Street, M. . .	164	693	20	28	+ 8	4·0
„ I. . .	65	256	8	19	+ 11	7·4
St. James' . .	104	500	61	66	+ 5	13·2
St. John's . .	53	401	1	1	— —	0·2
St. Mary's, I. . .	61	366	15	16	+ 1	4·3
Stanway All Saints. .	109	622	8	15	+ 7	2·4
TOTALS	5914	22629	821	920	+ 99	4·0

The figures for the past three years are given below —

	1923	1924	1925
No. of Children	5773	5707	5914
No. of Inspections	22561	22388	22629
No. of Cases of Pediculosis ..	1244	821	920
No. of Children excluded from School for Pediculosis ..	116	45	57
No. of Individual Verminous Children	619	558	598

The following tables are the ones usually given showing the state of heads and bodies of the children as found at the Routine Medical Inspections. It should be understood that the inspections of the heads in the table below differ in many respects from the examinations referred to in the table above. Those in the above table are carried out systematically by the nurses at unexpected times and no warning is given even to the head teacher that the nurse is going to pay a visit. The table below refers to the doctor's routine inspections when both head teacher and parents are given at least two days' notice, and it is a well-known fact that many children are specially cleaned up and dressed for the occasion. So the two sets of figures are in no way comparable.

The value of the Tables consists in their showing the number of what might be called really dirty children in the Schools, that is, those that are not cleaned up even for an inspection.

Cleanliness of the Heads and Bodies of 1,818 Children examined at Routine Medical Inspections 1925.

HEAD.	EN- TRANTS.	INTER- MEDIATES.	LEAV- ERS.	TOTAL.	OTHER ROUTINE INSPECT'NS.	PERCENTAGES.		
						1923.	1924.	1925.
Clean	712	455	460	1627	48	90·5	94·7	92·1
Dirty	—	—	—	—	—	·7	·8	—
Verminous	67	43	33	143	—	8·7	4·4	7·8

BODY.	EN- TRANTS.	INTER- MEDIATES.	LEAV- ERS.	TOTAL.	OTHER ROUTINE INSPECT'NS.	PERCENTAGES.		
						1923.	1924.	1925.
Clean	765	470	464	1699	48	86·0	89·9	96·0
Dirty	14	28	29	71	—	13·9	8·4	3·9
Verminous	—	—	—	—	—	—	1·5	—

In the above Tables the terms "Dirty" and "Verminous" are mutually exclusive.

The cleanliness of the children's bodies has strikingly improved during the year.

Clothing and Footgear.

Condition of the Clothing and Footgear of 1,818 Children examined at Routine Medical Inspections 1925.

STATE OF CLOTHING.	EN-TRANTS	INTER-MEDI-ATES.	LEAV-ERS.	TOTAL.	OTHER ROUTINE INSPECT'NS.	PERCENTAGES.		
						1923.	1924.	1925.
Sufficient Satisfactory	} 760	484	482	1726	48 {	96·2 95·6	93·8 93·8	97·6 97·6
Insufficient Unsatisfactory	} 19	14	11	44	— {	3·7 4·3	6·1 6·1	2·4 2·4

STATE OF FOOTGEAR.	EN-TRANTS.	INTER-MEDI-ATES.	LEAV-ERS.	TOTAL.	OTHER ROUTINE INSPECT'NS.	PERCENTAGES.		
						1923.	1924.	1925.
Good ...	770	494	490	1716	48	90·4	91·1	97·0
Poor ...	17	13	6	36	—	7·8	6·0	2·0
Bad ...	5	7	6	18	—	1·7	2·7	1·0

Here again there has been a remarkable improvement, so remarkable that some explanation seems necessary. It may be that Dr. Cushing's standards are not so severe as those of previous Assistant School Medical Officers, on the other hand the School Nurse has been in Colchester for a good many years and she is of opinion that during the past year there has been a very definite improvement in both the children's clothing and boots. It is a significant fact that every year more and more parents show an interest in the work of the School Medical Inspections. It may be that this is one of the results of that interest.

FOLLOWING-UP.

Number of following-up Visits.

1921.	1922.	1923.	1924.	1925.
916	665	574	315	617

The interruption of Medical Inspection accounts for the small number of these visits paid in 1924. The numbers of some of the chief defects found is compared below.

*Numbers of Certain Defects found at Medical Inspections,
1921-1925.*

Year.	Malnu- trition.	Ringworm.	Defective Vision.	Otitis Media.	Enlarged Tonsils and/or Adenoids.	Rickets.	Spinal Curvature.
1921	102	37	112	47	204	13	73
1922	117	49	140	48	197	3	61
1923	159	47	165	53	213	12	31
1924	85	33	80	19	120	6	9
1925	80	30	99	35	324	0	11

During the past year particular attention has been paid to Enlarged Tonsils and Adenoids and the result of this is apparent in the above Table.

Findings of Medical Inspection and Medical Treatment.

MINOR AILMENTS CLINIC.				1924	1925
Times the Clinic was open	..	..		88	93
Attendances made by children with Defects	..			1,891	1,898
New cases with Defects ..	..	..		567	528
Average number of children at each Clinic	..			22	22

EYE CLINIC (Visual Defects).				1924	1925
Times the Clinic was open	..	..		29	43
Attendances made by children	..	..		237	394
Average number of children at each Clinic	..			8.2	9.2
Number of new cases ..	..	..		129	168

The figures of the Minor Ailments Clinic for the past two years are extraordinarily alike. They have not differed to any great extent for some years past.

The Eye Clinic figures have increased owing to the additional ophthalmic work undertaken at the request of the Board of Education. This is referred to later under the heading Special Enquiries.

A comparison of the numbers of various defects treated during the past five years is given below :

Number of Defects treated, 1921-1925.

Year.	Minor Ailments.	Visual Defects.	Nose and Throat Defects.	Children with Dental Defects.
1921	1,006	150	119	810
1922	769	142	83	728
1923	1,135	176	118	611
1924	701	125	108	817
1925	590	160	187	882

Skin Diseases.

Number of Cases of Ringworm, Scabies and Impetigo referred for Treatment.

DISEASE.	1921.	1922.	1923.	1924.	1925.
Ringworm : Head ...	14	22	25	17	21
Body ...	23	28	22	16	9
Scabies ...	20	13	12	5	—
Impetigo ...	168	107	97	52	110

Only a few years ago careful consideration was given to the advisability of recommending that a bath should be made available for the thorough treatment of children suffering from Scabies. The matter was hinted at in the Annual Report for 1920. In that year 61 cases had been referred for treatment and in the Report it was stated “The time is not far distant when serious consideration must be given to the advisability of providing cleansing arrangements for children suffering from Scabies.”

From that time, as the above table shows, the figure for Scabies steadily fell until last year when it reached zero. Undoubtedly the children are cleaner. This fact keeps cropping up first in one place and then in another, and it is significant that in 1920 the Health Nurses began to visit the Schools regularly.

A boy in one of the Schools was found to be suffering from an unusual form of Dermatitis that proved very resistant to treatment. He was sent for an opinion to the skin specialist at University College Hospital who reported that the condition was a rare Congenital disease known as Ichthyosis Hystrix and most difficult to do anything for. He suggested certain ointments which are being tried.

Ringworm.

Ringworm of the Body is gradually getting less prevalent but Ringworm of the Scalp remains about the same. This is difficult to explain, the condition is much too prevalent, yet the numbers neither increase or diminish.

X-Ray treatment has been available for several years at the Essex County Hospital, but owing to pressure of other work

the treatment of these cases has frequently been delayed. It is to be hoped that with the appointment of a Radiologist to the Hospital this X-Ray work will be accelerated.

Treatment of Ringworm of the Scalp.

Number of cases under Treatment in 1925 (4 of these originated in 1924)				21
Treated at Clinic	..	..	..	8
Treated by X-Rays	..	..	..	13
Treated by Private Practitioner	..	..	..	—
Cured at Clinic	..	..	..	3
Cured by X-Rays	..	..	..	4
Still under Treatment at Clinic	..	..	..	5
„ „ by X-Rays		..	..	7
Left the Town before X-Rays given		..	..	2

The two cases that left the town were referred to another authority for treatment. They were both in the same family.

Tonsils and Adenoids.

A large increase has already been noted in the number of children found to have Enlarged Tonsils and Adenoids. This is due partly to special attention being paid to the children's tonsils and more careful search being made for adenoids, and partly to a special enquiry that was carried out in the early part of the year into the after results of the Operative Treatment of tonsils as carried out at the Essex County Hospital. It has been the practice at this hospital to remove children's tonsils by the guillotine, and as some have condemned this method as not sufficiently removing all tonsillar tissue, it was considered well worth while to survey, as far as possible, all cases in the Schools that had had this operation during the past five years.

The number of children examined was 133, and they were divided into three groups: (1) those showing a good result with no overgrowth of tonsillar remains; (2) those with some overgrowth or tags of tonsillar tissue that might cause sore throats and

such troubles, these were classed as fair results; and (3) those in which one or both tonsils had not been successfully dealt with, or the stump of the gland had grown again so much that further surgical interference was required.

The Table below gives the conclusions arrived at by Dr. Cushing, who carried out this enquiry.

After Results of Operations for Removal of Tonsils by Guillotine in 133 Children.

YEAR.	GOOD.	FAIR.	BAD.	TOTALS.
1921	28	3	—	31
1922	31	5	—	36
1923	22	2	2	26
1924	13	4	1	18
1925	10	3	—	13
TOTALS for 5 years	104	17	3	124

These figures show a high average of good results. The three bad cases were referred again to the Hospital and treated without further charge.

Eye Diseases and Defective Vision.

Cases referred for Treatment.

DEFECTS.	1921	1922	1923	1924	1925
Blepharitis ...	130	56	41	29	11
Conjunctivitis ...	72	27	48	41	11
Defective Vision ...	111	136	157	79	99

Here again cleanliness appears to be making remarkable strides. It seems extraordinary that only eleven cases each of Blepharitis and Conjunctivitis should have come to light. The fall in the number of cases since 1921 is most gratifying.

Another cause no doubt of this desirable result is the systematic relief of eye strain by appropriate glasses. Defective eyesight is very liable to give rise to Conjunctivitis.

Cases of Defective Vision are examined at the Eye Clinic by the Assistant School Medical Officer, and appropriate glasses are prescribed. The vision defects that were found were :

Results of the Refraction of 122 Children with Defective Vision.

<i>Prescribed Spectacles.</i>		<i>Spectacles not found necessary.</i>
22	.. Hypermetropia ..	.. 5
24	.. Hypermetropic Astigmatism ..	.. 1
12	.. Compound Hypermetropic Astigmatism ..	.. 1
4	.. Compound Astigmatism ..	.. 1
26	.. Myopia —
11	.. Myopic Astigmatism —
9	.. Mixed Astigmatism —
2	.. Compound Myopia —
1	.. Compound Myopic Astigmatism —
—	.. No Error of Refraction ..	.. 1
—	.. Glasses in use satisfactory ..	.. 2
<hr/> 111 <hr/>		<hr/> 11 <hr/>

The arrangement with the Essex County Hospital has been continued, and six cases were referred to Dr. George Young, the Ophthalmic Surgeon of the Hospital, for a further opinion.

These cases were—

1. Disorganized Eye.
2. Corneal Opacities with Conjunctivitis.
- 3 and 4. Defective Vision.
5. Squint (for Operation).
6. Conjunctivitis.

Sight-Saving Class.

The number of Children in this Class is 19, being one less than in 1924. The work has continued upon the same lines as previously, and is quite satisfactory.

The boy who attended from an adjoining Rural District still continues to do so by arrangement with the County Council.

Ear Disease.

Cases referred for Treatment.

DEFECT.	1921.	1922.	1923.	1924.	1925.
Otitis Media ...	47	48	53	19	35

Unfortunately the belief expressed in the Report for 1924 that the number of Otitis Media cases recorded did not correctly give the number in the Schools, is borne out by the figure for 1925, which is nearly double that for 1924. However, it is gratifying to find that the latest figure is so much lower than those for the years preceding 1924.

Defective Speech.

A search was made by Head Teachers in the Schools for Stammerers, and 22 cases were reported. These were examined and divided into the following groups, with a view to seeing how many of them required training in a special class.

DEGREE OF STAMMERING.	BOYS.	GIRLS.
Hardly at all	4	—
Very slight	6	1
Definite	8	3
TOTALS	18	4

These figures include four boys who attended the Stammerers' Class in 1921, two under "very slight" and two under "definite."

Towards the end of the year arrangements were made for giving these children the necessary training in voice production, upon very similar lines as in 1921 and under the same school mistress.

Dental Disease.

	1923	1924	1925
Half-days devoted to Inspections ..	24	31	36
" " Treatment ..	64	89	96
Children referred for Treatment ..	1768	2270	2751
Attendances made at the Clinic ..	775	1055	1151
Children actually Treated ..	611	817	882
Average number of Children Treated at the Clinic	12	12	12

The past year is the first complete year in which three half-days have been given up to Dental work. Previous to April, 1924, there were only two half-days for this.

The above figures, when compared with those of 1923, show that the additional half-day has resulted in 12 more half-days being devoted to Inspection and 32 to Treatment.

It was hoped that with so many children being referred for treatment no additional inspections would be required, but, largely it is feared owing to apathy, many parents do not seem willing to accept the offer of treatment for their children's teeth.

Fresh efforts were made to persuade parents to give this subject their attention. In July three Dental Films were exhibited and over 1,000 children and their parents enjoyed the entertainment. As a further reminder an additional notice is sent to all parents whose children's teeth are found to require attention, inviting them to come to the Dental Clinic for treatment. This is bringing a fair response, but still the numbers remain terribly low.

Unfortunately the nurses' time is now very fully occupied, and to visit the parents of all Dental cases who do not accept treatment would be a large undertaking. Yet it seems very desirable that further steps should be taken to get more parents to accept the invitation to bring their children for dental treatment.

Deformities.

The same arrangements for dealing with cases of Spinal Curvature have been continued. At the beginning of the year there were 34 cases and 10 new cases were reported during the year. Of these 44 cases, 19 were cured, 23 remain under treatment, and 2 have left School.

The Organiser of Physical Instruction holds a Class for the more severe cases, and at the end of the year there were seven children in his Class. Two of these were so much improved that further attendance at the Class seemed hardly necessary, but both the children and their parents asked that they might remain a few months longer.

Children with very severe irreducible spinal curves and other deformities were sent to the Royal National Orthopædic Hospital for a Specialist's opinion.

In the autumn this system was superseded by an arrangement made in conjunction with the County Council for an Orthopædic Surgeon to visit the Colchester School Clinic at intervals throughout the year.

Under this arrangement Mr. Whitchurch Howell, of Brookfield Orthopædic Hospital, Walthamstow, visited Colchester on the 25th September, 1925, and examined 11 Colchester children suffering from various deformities. Some of these were recommended for special boots, some for operation and in some cases (chiefly congenital) no interference was considered advisable.

During the year the following children suffering from crippling defects were given some special form of treatment :

1. D.A.—Shortening of both Tendines Achillis. After massage had been tried unsuccessfully for some weeks operation was advised and the condition successfully dealt with at the Royal National Orthopædic Hospital.
2. N.W.—Large Nævus of lower lip, increasing in size. This was successfully removed at the Great Ormond Street Children's Hospital. The growth was extensive and four operations were required.
3. Marie C.—Irreducible Spinal Curve (Scoliosis). The child was seen at the Royal National Orthopædic Hospital and a spinal jacket designed for her.
4. Marguerita C.—Infantile Paralysis with consequent mal-development of both feet. This child has been several times to the Royal National Orthopædic Hospital for the fitting of special boots. Recently an operation has been recommended and the child admitted to the Hospital.

Under the present arrangement the visiting Orthopædic Surgeon sees both County and Borough children on the same afternoon. This crowds the Clinic somewhat and it may be found advisable, if there are sufficient Borough cases, to hold these Clinics upon different days.

OPEN-AIR EDUCATION.

The six places retained by the Authority at the Ogilvie Home at Clacton-on-Sea are kept filled with delicate and ailing children. During the year 10 children have been sent to the Home, and all of them have much improved in health.

During the summer months many of the Schools hold classes in their playgrounds. Such classes make a pleasant change and are undoubtedly beneficial to the children's health provided the children are made to wear shady hats in the direct sun on really hot days.

The great advantage of a Day Open-Air School is not being forgotten. Such accommodation may be provided when a new School becomes necessary at Lexden.

PHYSICAL TRAINING.

REPORT OF THE ORGANISER OF PHYSICAL TRAINING.

"I have much pleasure in submitting my Annual Report as Organiser of Physical Training under your Authority.

The general scheme of work still operates. The children are very keen indeed about their work and show plenty of zest and enthusiasm. The team system continues in all the upper classes and some Schools have adopted, at my suggestion, colours for their teams. This is very advantageous in games as the teams are easily recognised by their bands of braid. I hope that the use of team colours will be extended.

Many children bring their slippers to School—this is of course very noticeable in some of the larger Schools, and is fairly general during the summer term. Many of the general activity exercises cannot be carried out properly unless slippers are worn. Work in some of the playgrounds is still hampered by poor surfaces. The marking of some of the playgrounds presents a little difficulty, many schools use whitening and after rain the lines are washed out and thus need constant re-marking. The use of paint would be much better and a more permanent marking would be ensured.

As in former years during the summer months, the children attended the Bathing Place, and as the weather was much more congenial than in 1924, a larger number of children learnt to

swim. Keenness was very noticeable particularly in the girls, as shown by the large number who competed in the tests on a very cold day.

Since my last report an additional ground has been secured for organised games, and another ground has been lent to a School for a trial term. The need of playing fields is felt largely at the Central School and at some of the smaller outlying Schools. In some cases ground is generously lent by a Farmer perhaps for a few weeks when playing will not interfere with crops. Certain Schools held sports meetings, and this year for the first time in the history of the Schools an Annual Sports Day was held, all the Schools in the Town participating. The cricket ground in the Park was kindly placed at our disposal by the Parks and Bathing Places Committee and a very fine sports meeting was held. I should like to thank the Education Committee for their splendid support in this matter, also the teachers for their splendid work. The Girls' Championship Shield, presented by Mr. Councillor A. W. Piper, was won by Canterbury Road Girls, and the Boys' Competition for the Championship Shield presented by Mr. Alderman Wilson Marriage, J.P., resulted in a tie between North Street and Canterbury Road Boys.

This year the Net-ball Association had some splendid games. After a most exciting semi-final match, North Street School was defeated by Barrack Street by two goals, the latter meeting Canterbury Road and beating them in the final. This year the competition has been divided into two sections, a Senior League and Junior League.

There was plenty of interest in the Football Competition, and after two final matches, which both ended in a draw, Canterbury Road School and North Street School became joint holders. In the Essex County Championship, Hamilton Road Central School had the honour of reaching the final stage of the Competition. They met Brampton Road School, East Ham, the winners of the East Ham Division. The game was played before a large crowd of interested spectators in Colchester, and ended in a draw. It was very gratifying to the two Committees of the opposing Associations to see such a large representative gathering of the

Civic Authorities of both towns. We in Colchester were delighted that a Colchester School should go so far in the Competition, as Colchester is one of the youngest competing Associations having been members for four years only. Apart from the honour of winning, these Competitions are of inestimable educational and social value.

During the year we have consolidated all out-door activities under one Association, viz: "The Colchester Schools' Athletic Association," with an Executive Committee and a General Committee representative of all the Schools. The chief object of this Association is to promote the Physical Welfare of the Children. The Association is divided into four Sub-Committees, *i.e.*, Net-ball, Swimming, Football and Athletic Sports. I am glad to say this new development has worked very harmoniously and a good start has been made which augurs well for the future.

I should like to take this opportunity of thanking the teachers for the self-sacrificing way in which they have assisted at the various games out of school hours, they have given a great deal of their time and labour in the interests of the children. I should also like to thank the Parks and Bathing Places Committee for allowing us the use of pitches, particularly for the use of the lower park for our Saturday morning matches, also the Military Authorities for the use of pitches on Reed Hall Ground and the Abbey Field.

In conclusion, I wish to thank Head Teachers for their kindly co-operation, also the Education Committee for their continued help and support."

HAROLD LAMONBY,

Organiser of Physical Training.

PROVISION OF MEALS.

The same arrangements as before have been continued. Delicate children are ordered Milk or Cod-liver Oil by the Medical Officer at the School Clinic, and these are given to the children at the Schools.

There has been no need for any extensive provision of meals to children in the Schools.

CO-OPERATION OF PARENTS.

Number of Parents present at 1818 Routine Medical Inspections.

ENTRANTS.	INTERMEDIATES.	LEAVERS.	TOTAL.	OTHER ROUTINE INSPECTIONS.
688	382	308	1378	23

	1921.	1922.	1923.	1924.	1925.
Percentages of Parents present	71	73	76	77	77

At the moment it looks as though 77 per cent. was going to be the high water mark of the percentage of parents present. The number has steadily increased, and if it reach 80 per cent. it is not likely to go higher, as although parents attend very well at the Medical Inspection of Entrants and quite well at that of Intermediates, many of them seem to consider it unnecessary in the case of boys of 12 years old and over.

Even though the figure remains about 77 per cent., this is an extremely good percentage, and one that shows a very gratifying interest in School Medical Inspection upon the part of the parents.

CO-OPERATION OF TEACHERS, SCHOOL ATTENDANCE OFFICER, VOLUNTARY and OTHER BODIES.

Year after year it is pleasant to record the whole-hearted co-operation of Teachers and School Attendance Officer and Voluntary Bodies with the work of the School Medical Department. The friendly assistance given by all is greatly appreciated.

The following bodies all take part in various ways in dealing with School children in need of treatment—

THE ESSEX COUNTY HOSPITAL treats—

1. Cases of Ringworm by X-Rays ;
2. Enlarged Tonsils and Adenoids by Operation ;
3. Severe and Complicated Eye Conditions.
4. Many children not actually referred to the Hospital by the School Medical Officer.

THE TUBERCULOSIS DISPENSARY deals with all cases and suspected cases of Tuberculosis.

THE MAYOR'S POOR CHILDREN'S FUND, which is supported by voluntary contributions, is of great use in paying for numerous necessities of ailing children whose parents are unable to afford the expense. The balance sheet below gives some idea of the amount and kind of work undertaken by this Fund.

CASH ACCOUNT.

May 1st, 1924.	£	s.	d.	May 1st, 1924.	£	s.	d.
To Balance in hand at date...	22	11	0	By Overpayment on Petty			
„ Parents' Contributions ...	1	8	6	Cash Account ...		1	7
„ Donation—Colchester Co-				„ Amount expended in			
operative Society ...	2	2	0	purchase of Food and			
„ Grant from the Mayor's				Milk	47	10	10½
Unemployment Fund...	50	0	0	„ Ditto, Boots	27	10	0
„ Interest on 5 per cent. War				„ Ditto, Hospitals, etc. ...	25	11	4
Stock (Jarmin Trust) ...	5	5	2				
„ Interest on Boro' Loan ...	5	4	8		100	13	9½
„ Collection (Education Week				„ Balance in hand on			
Service)	15	3	6	Petty Cash Account ...	5	14	10½
„ Balance due to Treasurer	4	13	10				
	£106	8	8		£106	8	8

THE NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN has taken up nine cases through the local Inspector. He has been almost always successful in persuading parents to accept treatment for their children when it has at first been refused, or in getting some unsatisfactory condition improved.

CHILDREN EXEMPT FROM FURTHER ATTENDANCE AT SCHOOL.

Six children were exempt from further attendance at School for reasons of ill-health. Two were cases of Tuberculosis; two suffered from Epilepsy; one from severe Heart Disease; and one from Eye Defect.

The last child was completing the age for attendance at School, and her general health was suffering—and so her Eye Defect—from her having to bicycle a long distance each day to School. She came into the Borough from a small village in a neighbouring district.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

The numbers of these children and the type of Schools or Institutions that they are attending is set out in Table III. at the end of the Report.

Many of them are referred to the School Medical Officer by parents or Head Teachers; others are discovered at the Routine Medical Inspections. When found, a detailed examination is undertaken at the Health Offices, and in suitable cases a recommendation is made that they be sent to a Special School or notified to the local Control Authority.

The Special Schools provided by the Authority are two in number—one a School for Mentally Defective Children; the other a School for the Partially Blind.

The Mentally Defective School has for several years past been filled to its capacity. It consists of a room in the Stockwell Street Infants' School, and it is found necessary to divide the children into two classes for educational purposes. It is probable that this causes some difficulty, as the room is not large, and it would be an improvement if two rooms could be allotted to this School.

The Partially Blind School is held in a class-room at East Ward School. The children are provided with special desks and such apparatus as is required. The arrangements made are good and the children are benefitting by the special instruction they receive. The introduction of this School has been a notable success.

Delicate children are sent to the Ogilvie Home at Clacton. The six places retained there are insufficient to deal with the number of children that would materially benefit by attendance at a Special Open-Air Day School for Delicate Children. When the opportunity arises, a Special School for such children should be erected.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

	<i>Boys</i>	<i>Girls</i>
Number of Children examined for Employment		
Certificates 	50	—
Number of Certificates refused 	3	—

In three cases the candidates did not appear well at their first examination. They were re-examined and passed at a subsequent date.

It is a notable fact that no girls have presented themselves for medical examination for this certificate during the past two years.

The majority of these boys are employed for delivering papers or on milk rounds. No evidence has been found that the hours of employment are prejudicial to their health. It is even possible that in some cases the physical condition of the children has been improved.

SPECIAL ENQUIRIES.

The enquiry undertaken early in the year into the condition of the tonsils of children who had been operated upon for Enlarged Tonsils during past years, has already been referred to earlier in this Report.

At the request of the Special Committee appointed by the Board of Education "to inquire into the factors in childhood leading to the development or aggravation of defective vision and squint," arrangements were made for Dr. Cushing to examine as many children's eyes as he was able to, making no other selection than that of age, the Committee requesting that he should concentrate upon children of eleven years of age and upwards.

At the same time it was necessary to complete a long, detailed and somewhat complicated schedule for each child.

It was disappointing to find that a number of parents objected to any further examination of their children's eyes, when they had already been told that there was no defect present. In this way time was occasionally lost owing to parents and children not keeping appointments, but by the end of the year (the enquiry only started in June) 35 children had been examined and their schedules completed and sent to the Committee.

Though the number is not great, the detailed examination of the eyes by Retinoscopy, and the filling in of four foolscap pages of questions about each child, was no light matter.

Towards the end of the year application for assistance was made by another Special Committee of the Board of Education, called the Anthropometric Committee. This was one appointed to "enquire into certain factors governing the growth and development of healthy children from infancy up to the age of 18 years, and living under varied conditions."

For this enquiry cards have to be filled in with very exact particulars of height, weight, chest measurement, colour of hair, colour of eyes, etc., etc.

The intention is that the enquiry shall be carried out during the Routine School Inspections. The results will certainly be of academic interest, that they will be of definite practical value is not so clear.

It is hoped that 600 cards may be completed,—200 in each age group, and 100 of each sex in each group.

A start was made before the end of 1925, and 39 children were examined, but as the samples of hair and standard eyes had not been received, further progress could not be made. The enquiry will be continued in 1926.

SUMMARY OF ACTIVITIES, 1921-1925.

1. The scheme for the visiting of the Schools by the Nurses with a view to finding children suffering from Pediculosis was completed in 1921.
2. Special Classes for Physical Drill for children suffering from Spinal Curvature were introduced in 1921.
3. Special Class of Stammering Children organised 1921.
4. Survey of the condition of School Playgrounds, 1922.
5. Survey of the School Lavatory Accommodation, 1923.
6. Special Class for Partially Blind Children instituted 1924.
7. An additional half-day devoted to Dental Work, 1924.
8. Arrangements made for giving Massage to Orthopædic Cases, 1924.
9. Orthopædic Clinic started in conjunction with the Essex County Council, 1925.



TABLE I.
RETURN OF MEDICAL INSPECTIONS.

A—Routine Medical Inspections.

Number of Code Group Inspections—

Entrants	...	...	...	...	779
Intermediates	498
Leavers	493
					<hr/>
TOTAL				...	1770

Number of Other Routine Inspections	48
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B—Other Inspections.

Number of Special Inspections	583
Number of Re-Inspections...	2546
				<hr/>
	TOTAL	...	...	3129

A Special Inspection is a medical inspection by the School Medical Officer himself or by one of the Medical Officers on his staff of a child specially selected or referred for such inspection, *i.e.*, not inspected at a routine medical inspection. Such children may be selected by the Medical Officer during a visit to the School or may be referred to him by the Teachers, School Nurses, Attendance Officer, Parents, or otherwise. It is immaterial for the purpose of this heading whether the children are inspected at the School or at the Inspection Clinic or elsewhere.

TABLE II.

A—Return of Defects found by Medical Inspection in the Year ended 31st December, 1925.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	29	9	40	2
Uncleanliness (see Table IV., Group V.)...	—	—	—	—
Skin {	Ringworm—Scalp	2	19	—
	Body	—	9	—
	Scabies... ..	—	—	—
	Impetigo	5	106	—
	Other Diseases (Non-Tuberculous)...	13	93	—
Eye {	Blepharitis	2	9	1
	Conjunctivitis... ..	—	11	—
	Keratitis	—	1	—
	Corneal Opacities	—	—	—
	Defective Vision (excluding Squint)	47	52	—
	Squint	20	15	1
	Other Conditions	1	5	1
Ear {	Defective Hearing	3	6	1
	Otitis Media	11	23	—
	Other Ear Diseases	—	11	—
Nose and Throat {	Enlarged Tonsils only	3	1	—
	Adenoids only	8	5	2
	Enlarged Tonsils and Adenoids ...	222	40	2
	Other Conditions	11	22	1
Enlarged Cervical Glands (Non-Tuberculous)		4	11	1
Defective Speech		—	1	—
Teeth—Dental Diseases (see Table IV., Group IV.)		—	—	—
Heart and Circulation {	Heart Disease—Organic	—	7	1
	Functional	2	8	2
	Anæmia	69	3	24
Lungs {	Bronchitis	15	3	26
	Other Non-Tuberculous Diseases...	—	—	2
	Pulmonary—Definite	1	—	—
Tuber- culosis {	Suspected	—	1	—
	Non-Pulmonary—Glands	1	3	—
	Spine	—	—	1
	Hip... ..	—	—	—
	Other Bones and Joints	—	—	—
	Skin	—	1	—
	Other Forms	—	—	—
Nervous System {	Epilepsy	1	1	2
	Chorea	—	—	2
	Other Conditions	2	1	6
Deformities {	Rickets	—	—	—
	Spinal Curvature	7	1	3
	Other Forms	7	3	5
Other Defects and Diseases		18	—	49
				2

TABLE II—*continued*.

B—Number of *individual children* found at *Routine Medical Inspection to Require Treatment* (excluding *Uncleanliness and Dental Diseases*).

GROUP. (1)	NUMBER OF CHILDREN.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
CODE GROUPS—			
Entrants... ..	779	243	31
Intermediates	498	145	29
Leavers	493	80	16
Total (Code Groups)	1970	468	24
Other Routine Inspections	48	12	25

TABLE III.

Return of all Exceptional Children in the Area.

			Boys.	Girls.	TOTAL.
BLIND (including partially blind).	(i.) Suitable for training in a School or Class for the totally blind.	Attending Certified Schools or Classes for the Blind	1	—	1
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	(ii.) Suitable for training in a School or Class for the partially blind.	Attending Certified Schools or Classes for the Blind	11	8	19
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	1	1
DEAF (including deaf and dumb and partially deaf).	(i.) Suitable for training in a School or Class for the totally deaf or deaf and dumb.	Attending Certified Schools or Classes for the Deaf	—	2	2
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	(ii.) Suitable for training in a School or Class for the partially deaf.	Attending Certified Schools or Classes for the Deaf	—	—	—
		Attending Public Elementary Schools	1	—	1
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DEFECTIVE.	Feeble minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children ...	13	20	33*
		Attending Public Elementary Schools	—	—	—
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	Notified to the Local Control Authority during the year.	Feeble Minded	1	2	3
		Imbeciles	1	1	2
		Idiots	—	—	—
EPILEPTICS.	Suffering from severe epilepsy.	Attending Certified Special Schools for Epileptics	—	—	—
		In Institutions other than Certified Special Schools	—	—	—
		Attending Public Elementary Schools	—	—	—
		At no School or Institution ...	1	2	3
	Suffering from epilepsy which is not severe.	Attending Public Elementary Schools	2	6	8
		At no School or Institution ...	—	—	—
PHYSICALLY DEFECTIVE.	Infectious pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	2	—	2
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—
	Non - infectious but active pulmonary and glandular tuberculosis.	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
		At Certified Residential Open-Air Sch.	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools ...	12	8	20
		At other Institutions	—	—	—
		At no School or Institution ...	—	—	—

* Of these, 2 Boys and 4 Girls are at the Royal Eastern Counties Institution, Colchester.

TABLE III.—*continued.*

PHYSICALLY DEFECTIVE— <i>continued.</i>	Delicate children (<i>e.g.</i> , pre-or latent tuberculosis, malnutrition, debility, anæmia, etc.)	At Certified Residential Open-Air Sch.	3	3	6
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools ...	44	39	83
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
	Active non-pulmonary tuberculosis.	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ...	3	—	3
		At Public Elementary Schools ...	1	—	1
		At other Institutions ...	1	—	1
		At no School or Institution ...	—	—	—
	Crippled children (other than those with active tuberculosis disease), <i>e.g.</i> , children suffering from paralysis, etc., and including those with severe heart disease.	At Certified Hospital Schools ...	—	1	1
		At Certified Residential Cripple Schools ...	—	—	—
		At Certified Day Cripple Schools ...	—	—	—
		At Public Elementary Schools ...	22	23	45*
		At other Institutions ...	—	—	—
		At no School or Institution ...	3	3	6

* Under this sub-heading are included all children with any crippling defect, including Cleft-palate, Facial Paralysis, Segmental Defect, etc., etc.

TABLE IV.

**Return of Defects Treated during the Year ended
31st December, 1925.**

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
(1)	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp... ..	16	2	18
Ringworm—Body... ..	10	—	10
Scabies	—	—	—
Impetigo	66	1	67
Other Skin Disease	65	10	75
Minor Eye Defects—			
(External and other, but excluding cases falling in Group II.)	28	4	32
Minor Ear Defects	49	9	58
Miscellaneous—			
(<i>e.g.</i> , minor injuries, bruises, sores, chilblains, etc.)	249	81	330
TOTAL	483	107	590

TABLE IV —*continued.*

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by Private Practitioner or at Hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint)	145	6	—	151
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	8	1	—	9
TOTAL	153	7	—	160

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	...	...	...	108
(b) Otherwise	...	...	...	6

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	...	...	...	103
(b) Otherwise	...	...	...	6

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects.				
Received Operative Treatment.			Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.		
(1)	(2)	(3)	(4)	(5)
110	12	122	65	187

TABLE IV.—*continued.***Group IV.—Dental Defects.**

1) Number of Children who were:—				(2) Half-days devoted to:—					
(a) Inspected by the Dentist:				Inspection ... 39 } Total 137					
Aged:				Treatment ... 98 }					
Routine Age Groups	{	5 ... 15	Total 4472	}					
		6 ... 418							
		7 ... 490		(3) Attendances made by children for Treatment ... 1151					
		8 ... 599		(4) Fillings:—					
		9 ... 686		Permanent teeth 690 }					
		10 ... 602		Temporary teeth 22 } Total 712					
		11 ... 503		}					
		12 ... 540							
Specials	{	13 ... 465	Total 4472	(5) Extractions:—					
		14 ... 154		Permanent teeth 289 }					
				Temporary teeth 1625 } Total 1914					
Grand Total ... 4478				}					
(b) Found to require Treatment ... 2751				(6) Administrations of general anæsthetics for extractions —					
(c) Actually Treated ... 882				(7) Other operations:—					
(d) Re-treated during the year as the result of periodical examination ... 282				Permanent teeth — }					
				Temporary teeth 2 } Total 2					
				}					

Group V.—Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses ...				34
ii.) Total number of examinations of children in the Schools by School Nurses ...				25704
(iii.) Number of individual children found unclean ...				920
(iv.) Number of children cleansed under arrangements made by the Local Education Authority ...				—
(v.) Number of cases in which legal proceedings were taken—				
(a) Under the Education Act, 1921 ...				—
(b) Under School Attendance Byelaws ...				2

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